

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

C15F

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NMNM9542

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

FEDERAL GR #1

9. API Well No.

30-015-21155

10. Field and Pool, or Exploratory Area

EAGLE CREEK SAN ANDRES

11. County or Parish, State

Eddy County, NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

RECEIVED

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

KAY-JAY OIL COMPANY

3. Address and Telephone No.

P. O. BOX 1306 Artesia, NM 88210

(505) 746-6100

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SEC. 28-T17S-R25E, UNIT # 1650 FWL 2310 FSL

SEP 13 1994

O. C. D.

ARTESIA, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other RETURN WELL TO PRODUCTION

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

WE RETURNED WELL TO PRODUCTION 6/3/94

J. Lora
- 8/16/94

14. I hereby certify that the foregoing is true and correct

Signed Fred Jones

Title OWNER

Date 8/16/94

(This space for Federal or State office use)

Approved by _____

Conditions of approval, if any: _____

Title _____

Date _____